



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

April 25, 2017
Certified Mail/Return
7012 3460 0003 1112 7857

Verona Marina Launch & R.V.
3095 Dusty Lane
Loomis, CA 95650

Attention: Greg Walker, Owner

Subject: Verona Marina Launch & R.V., Public Water System No. 5100159 – Citation No. 21-17C-011 for Exceedance of the Bacteriological Maximum Contaminant Level in April 2017.

Enclosed is a citation issued to the Verona Marina Launch & R.V. (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during the month of April 2017. Please read this citation carefully and complete all directives.

Because your water system had two or more total coliform-positive samples in a month, the U.S. EPA's Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. Because the source of the contamination is known, the Division has completed the majority of the Level 1 assessment. Please complete the "Corrective Actions" portion of the assessment, review, sign, and submit to the Division within the time allotted in the directives.

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

Any person who is aggrieved by an order or decision issued by the Division, may file a petition with the State Water Board for reconsideration of the order or decision. Petitions must be received by the State Board within 30 days of the issuance of the order or decision. The date of issuance is the date when the Division mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. See attached Applicable Authorities for relevant statutory provisions for filing a petition.

For more Information regarding filing petitions, visit the following website:
http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | www.waterboards.ca.gov

If you have any questions please call Paul Rowe at (530) 224-4866 or contact me directly at (530) 224-4861.



Reese B. Crenshaw, P.E.
Valley District Engineer
DRINKING WATER FIELD
OPERATIONS BRANCH

Enclosures

cc: Kevin Timms, Operator

1 **Citation No. 21-17C-011**

2
3 **STATE OF CALIFORNIA**
4 **WATER RESOURCES CONTROL BOARD**
5 **DIVISION OF DRINKING WATER**
6

7 **Public Water System:** Verona Marina Launch & RV

8 **Water System No.:** 5100159

9
10 **To:** Verona Marina Launch & RV
11 Attn: Greg Walker, President
12 3095 Dusty Lane
13 Loomis, CA 95650
14

15 **Issued:** April 25, 2017
16 VIA CERTIFIED MAIL
17

18 **CITATION FOR NONCOMPLIANCE**
19 **With Title 22 California Code of Regulations**
20 **Section 64426.1(b)**
21

22 Section 116650 of the California Health and Safety Code (CHSC) authorizes the
23 issuance of a citation for failure to comply with a requirement of the California Safe
24 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with
25 Section 116270), or any regulation, standard, permit, or order issued thereunder.
26

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director
3 for the Division, hereby issues a citation to Verona Marina Launch & RV for failure to
4 comply with Section 64426.1(b), Title 22, of the California Code of Regulations
5 (CCR).

6 7 **APPLICABLE AUTHORITIES**

8 See **Attachment 'A'** for Applicable Authorities
9

10 **STATEMENT OF FACTS**

11 The Verona Marina Launch & RV, domestic water system (System) is classified as a
12 transient noncommunity water system, serving approximately 50 persons per day.
13 In accordance with Section 64423 of Title 22, of the CCR, the System is required to
14 collect one routine bacteriological sample per quarter, unless there was a positive
15 bacteriological sample the previous month, in which case, five routine bacteriological
16 samples are required. On April 11, 2017, the System collected one routine sample
17 from the distribution system, which contained total coliform bacteria. Four repeat
18 samples were collected on April 14, 2017. Three of the four repeat samples showed
19 the presence of total coliform bacteria. The cause of the contamination is the well,
20 which is failing. Per Compliance Order No. 21-16R-003 (issued 5/9/2016), the
21 System has been directed to replace the well by November 2, 2017, due to similar
22 contamination events. No sample discussed herein was positive for E. coli.
23

24 **DETERMINATIONS**

25 The Division has determined that the System violated Section 64426.1(b)(2), Title
26 22, of the CCR, in that the System exceeded the total coliform MCL during the
27 month of April 2017.

DIRECTIVES

The System is hereby directed to take the following actions:

1. Until such time that the System provides a new drinking water source, the System shall continue to post the attached boil water notice (**Attachment 'B'**) in conspicuous locations throughout the area served by the System.
2. The Water System shall submit a copy of the notice and certification (**Attachment 'C'**) that the boil water notice continues to be posted, to the Division **no later than the tenth day of each month**.
3. **Within 30 days** of the issuance of this Citation, pursuant to the Revised Total Coliform Rule, review, sign, and submit to the Division, the completed level 1 assessment for the Water System (**Attachment 'D'**).

All submittals required by this Order shall be addressed to:

Reese B. Crenshaw, P. E.
Valley District Engineer
Drinking Water Field Operations
Division of Drinking Water
State Water Resources Control Board
364 Knollcrest Drive, Suite 101
Redding, CA 96002
(530) 224-4800

1 Nothing in this Citation relieves the System of its obligation to meet the requirements
2 of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe
3 Drinking Water Act), or any regulation, permit, standard or order issued or adopted
4 thereunder.

5
6 The Division reserves the right to make such modifications to this Citation, as it may
7 deem necessary to protect public health and safety. Such modifications may be
8 issued as amendments to this Citation and shall be effective upon issuance.

9
10 **FURTHER ENFORCEMENT ACTION**

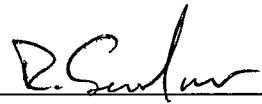
11 The California SDWA authorizes the State Board to: issue citation with assessment
12 of administrative penalties to a public water system for violation or continued
13 violation of the requirements of the California SDWA or any permit, regulation,
14 permit or order issued or adopted thereunder including, but not limited to, failure to
15 correct a violation identified in a citation or compliance order. The California SDWA
16 also authorizes the State Board to take action to suspend or revoke a permit that
17 has been issued to a public water system if the system has violated applicable law
18 or regulations or has failed to comply with an order of the State Board; and to
19 petition the superior court to take various enforcement measures against a public
20 water system that has failed to comply with violates an order of the State Board. The
21 State Board does not waive any further enforcement action by issuance of this
22 citation.

23
24 **PARTIES BOUND**

25 This Citation shall apply to and be binding upon the System, its officers, directors,
26 agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and Verona Marina Launch & RV shall comply with each and every provision thereof notwithstanding the effectiveness of any other provision.



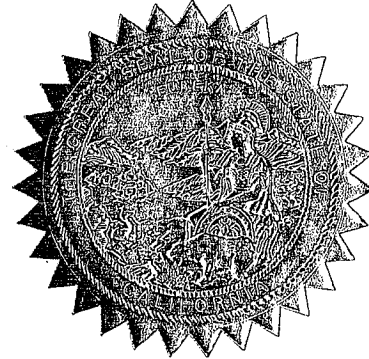
Reese B. Crenshaw, P.E., District Engineer
Valley District
Drinking Water Field Operations Branch



Date

Attachments:

- 'A' Applicable Authorities
- 'B' Boil Water Notice
- 'C' Boil Water Notice Certification
- 'D' Level 1 Assessment Form



APPLICABLE AUTHORITIES

Section 116650 of the CHSC states in relevant part:

- (a) If the Department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.*
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.*
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.*
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).*
- (e) The department may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.*

Section 116701 of the CHSC states in relevant part:

Petitions to Orders and Decisions

- (a) Within 30 days of issuance of an order or decision issued by the deputy director under Article 8 (commencing with Section 116625) or Article 9 (commencing with Section 116650), an aggrieved person may petition the state board for reconsideration. Where the order or decision of the deputy director is issued after a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, this section shall apply instead of Section 11521 of the Government Code.*
- (b) The petition shall include the name and address of the petitioner, a copy of the order or decision for which the petitioner seeks reconsideration, identification of the reason the petitioner alleges the issuance of the order was inappropriate or improper, the specific action the petitioner requests, and other information as the state board may prescribe. The petition shall be accompanied by a statement of points and authorities of the legal issues raised by the petition.*
- (c) The evidence before the state board shall consist of the record before the deputy director and any other relevant evidence that, in the judgment of the state board, should be considered to implement the policies of this chapter. The state board may, in its discretion, hold a hearing for receipt of additional evidence.*
- (d) The state board may refuse to reconsider the order or decision if the petition fails to raise substantial issues that are appropriate for review, may deny the petition upon a determination that the issuance of the order or decision was appropriate and proper, may set aside or modify the order or decision, or take other appropriate action. The state board's action pursuant to this subdivision shall constitute the state board's completion of its reconsideration.*

ATTACHMENT A

- (e) The state board, upon notice and hearing, if a hearing is held, may stay in whole or in part the effect of the order or decision of the deputy director.*
- (f) If an order of the deputy director is subject to reconsideration under this section, the filing of a petition for reconsideration is an administrative remedy that must be exhausted before filing a petition for writ of mandate under Section 116625 or 116700.*

Section 64426.1(b), Title 22, of the CCR states in relevant part:

- (b) A public water system is in violation of the total coliform maximum contaminant level (MCL) when any of the following occurs:*
 - (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or*
 - (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or*
 - (3) Any repeat sample is fecal coliform-positive or E. coli-positive;*
or,
 - (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.*

Section 141.859(a)(1), Title 40 of the CFR, states in relevant part:

- (a) Treatment technique triggers. Systems must conduct assessments in accordance with paragraph (b) of this section after exceeding treatment technique triggers in paragraphs (a)(1) and (a)(2) of this section.*

ATTACHMENT A

(1) Level 1 treatment technique triggers.

- i. For systems taking 40 or more samples per month, the system exceeds 5.0% total coliform-positive samples for the month.*
- ii. For systems taking fewer than 40 samples per month, the system has two or more total coliform-positive samples in the same month.*
- iii. The system fails to take every required repeat sample after any single total coliform-positive sample.*

(b) Requirements for assessments.

(3) Level 1 assessments. A system must conduct a Level 1 assessment consistent with State requirements if the system exceeds one of the treatment technique triggers in paragraph (a)(1) of this section.

- i. The system must complete a Level 1 assessment as soon as practical after any trigger in paragraph (a)(1) of this section. In the completed assessment form, the system must describe sanitary defects detected, corrective actions completed, and a proposed timetable for any corrective actions not already completed. The assessment form may also note that no sanitary defects were identified. The system must submit the completed Level 1 assessment form to the State within 30 days after the system learns that it has exceeded a trigger.*
- ii. If the State reviews the completed Level 1 assessment and determines that the assessment is not sufficient (including*

any proposed timetable for any corrective actions not already completed), the State must consult with the system. If the State requires revisions after consultation, the system must submit a revised assessment form to the State on an agreed-upon schedule not to exceed 30 days from the date of the consultation.

- iii. Upon completion and submission of the assessment form by the system, the State must determine if the system has identified a likely cause for the Level 1 trigger and, if so, establish that the system has corrected the problem, or has included a schedule acceptable to the State for correcting the problem.*

Date: April 25, 2017

BOIL WATER NOTICE

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

BOIL YOUR WATER BEFORE USING

Failure to follow this advisory could result in stomach or intestinal illness.

Due to a recent discovery of significant defects in the water supply well and the detection of total coliform bacteria in the drinking water supply, the State Water Resources Control Board, Division of Drinking Water in conjunction with the Verona Marina Launch & RV Water System are advising customers to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution.

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, **let it boil for one (1) minute**, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.

We will inform you when tests show that water is safe to drink and you no longer need to boil your water. The problem will be resolved when a new well has been drilled and approved for use. The estimated time of completion is three months from now.

For more information call:

Water Utility contact: John Myers, Campground Manager, 916-927-8387.

State Water Resources Control Board – Drinking Water Field Operations Branch- Valley District Office at 530-224-4800.

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name Verona Marina Launch & R.V.

Public Water System No. 5100159

Public notification for the month of _____, 2017 bacteriological failure was performed by the following method:

_____ Posting in conspicuous locations throughout the area served by the water system.
Please indicate the date(s) the notice was posted _____

I hereby certify that the above information is factual.

Printed Name

Signature

Date



STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

See the RTCR Level 1 Assessment Guidance and Tips document for additional information.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

SYSTEM NAME: Verona Marina Launch & RV	Trigger Date: April 14, 2017
SYSTEM #: 5100159	Investigation Date: April 25, 2017

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
1	Unusual occurrences with the water system since the last negative routine bacteriological sample:				
	Loss of pressure <5 psi	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Heavy precipitation and/or flooding	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Customer complaints of water quality or pressure	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Evidence of unauthorized access/vandalism	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Interruption in disinfection treatment	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Changes to water system since last negative routine bacteriological sample:				
	Piping modified or repaired	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	System components replaced or repaired	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Changes in operational procedures or personnel	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
3	Groundwater source contamination:		<input type="checkbox"/>		Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
	Wells:		<input type="checkbox"/>		
	Cracks or holes in the well casing above grade	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well top seal	Y <input type="checkbox"/> N <input type="checkbox"/>		<input checked="" type="checkbox"/>	
	The well is not equipped with a downturned screened vent.	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well head penetrations for electrical or sounding equipment	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Leaking pipes or standing water around the well(s)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input checked="" type="checkbox"/>	

	Springs and/or Horizontal Wells:		<input checked="" type="checkbox"/>		
	The collection site is overgrown with vegetation.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Flowing/standing water around the collection site	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Evidence of animal activity around the collection site (grazing/burrowing)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Rodents, insects or roots in the spring box	Y <input type="checkbox"/> N <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Surface water or GWUDI treatment issues		<input checked="" type="checkbox"/>		
	CT not met at all times	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Spikes in raw or filtered water turbidity	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Alarms and auto shutdowns are not properly set or functioning.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
5	Tank(s) storage, clearwell, backwash return:		<input checked="" type="checkbox"/>		Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Rodents, birds, insects or other unexpected materials inside tank	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Tank air vents are not properly screened to prevent insects from entering.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Hatches or access ladders left unlocked	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	root intrusion, for underground tanks	Y <input type="checkbox"/> N <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Distribution system				
	Low pressure transmission lines	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Dead end lines	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Interties with non-potable water systems or sources (even if valved off)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Any certified backflow prevention devices not tested in the previous calendar year.	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Sample site and sampling procedures				
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Sample taps are wet, leaking or dirty	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	The sample collector was not properly trained	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	
8	Other	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		<input type="checkbox"/>	

SUMMARY: Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination. (REQUIRED)

Current well needs to be replaced

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction. (REQUIRED)

CERTIFICATION: I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

Name: _____

Title: _____

Signature: _____

Date: _____